

12-38



Dangerous Waste Annual Report Verification Form

2001

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information

RCRA Site ID: **WAD 009 249 616**
Current Company Name: **Ash Grove Cement West Inc**
Site Location: **3801 E MARGINAL WAY S**
City/State/Zip: **SEATTLE, WA 98134** County: **KING**
Dept. of Revenue Tax Registration Number: **409-016-714** Primary SIC : **3241**
NAICS:

**This Report is
Due
No Later Than
March 1, 2002**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

Name: **Ash Grove Cement Co**
Mail Address: **3801 E MARGINAL WAY S**
SEATTLE, WA 98134-1113

Name: _____
Mail Address: _____

2a The legal company/agency/owner is:

Name: **Ash Grove Cement Co**
Mail Address: **PO Box 25900**
SHAWNEE MISSION, KS 66225-5900
Work Phone: **(913)548-6184** Ext: _____

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

Did the company ownership change in 2001?

- ☐ Yes Date: _____ (continue to the right):
☒ No (go to 3a):

I represent the

- ☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

- ☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: **Ash Grove Cement Co**
Mail Address: **PO Box 25900**
SHAWNEE MISSION, KS 66225-5900
Phone: **(913)548-6184** Ext: _____

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

Name/Title: **Gerald J Brown**
Mail Address: **3801 E MARGINAL WAY S**
SEATTLE, WA 98134-1113
Work Phone: **(206)623-5596** Ext: _____

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

5a The contact for annual report forms is:

Name/Title: **Gerald J Brown**
Mail Address: **3801 E MARGINAL WAY S**
SEATTLE, WA 98134-1113
Work Phone: **(206)623-5596** Ext: _____

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

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